

SAFETY MISHAP REPORT

I. Mishap Information:

a. Personnel's Section/Department: _____

b. Date/Time of Mishap: _____

c. General Location of Mishap, (e.g. on-base, city, state, county, etc.):

d. Specific Location of Mishap, (e.g. street, building number, etc.):

e. General Activity, (e.g. FAC Dept., MCX Ops, Supply Ops, etc.):

f. Specific Activity, (e.g. run portion of PFT. Fam-firing 9mm on range, etc.):

g. Weather Conditions:

h. Additional Information:

(1) Qualifications

(a) Work or evolution required certain qualifications [] Yes [] No [] N/A

(b) Injured party held required qualifications [] Yes [] No [] N/A

(2) Personal Protective Equipment/Clothing (PPE)

(a) Work or evolution required PPE [] Yes [] No [] N/A

(b) Injured party was wearing prescribed PPE [] Yes [] No [] N/A

(c) PPE if worn was effective [] Yes [] No [] N/A

(3) Motor Vehicle Information

(a) Type of Vehicle, (e.g. year, make, and model):

(b) Operator Permit Limitation/Expiration date:

(c) Driver Training Courses Completed:

(1) Driver Improvement [] Yes [] No [] N/A

(2) Motorcycle Safety [] Yes [] No [] N/A

(3) Emergency Vehicle [] Yes [] No [] N/A

(4) Accident was Alcohol/Drug Related [] Yes [] No BAC was _____.

II. Personal Data:

(a) Injuries [] Fatalities []

(1) Last Name: _____

(2) First name, Middle Initial: _____

(3) Grade: _____

(4) Job Title: _____

(5) Last 4 SSN: _____

(6) Age: _____

(7) Sex: _____

(8) MOS/Civilian Organizational Code: _____

(9) Duty Status: [] On-Duty [] Off-Duty

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(b) Fatalities/Injuries to Non-DOD Personnel [] Yes [] No

If Yes,

(1) Number of Fatalities:

(2) Number of Injuries:

(c) DOD Property Damage [] Yes [] No

If Yes,

(1) NSN or Nomenclature of Damaged Property:

(2) Actual or Estimated Cost of Damage to Property:

(d) Non- DOD Property Damage [] Yes [] No

If Yes,

(1) NSN or Nomenclature of Damaged Property:

(2) Actual or Estimated Cost of Damage to Property:

(e) Point(s) of Contact:

(1) Name:

(2) Grade:

(3) Telephone Number:

III. NARRATIVE: (Provide a brief sequence of events involved in the mishap. A chronological sequence is the recommended approach. Please identify the specific location of injury. For example; right leg, left eye, etc....

IV. Other Information Required:

(1) Number of Days away from work, (Do not count the day of the incident. Marines, include weekend days, Civilians do not.): _____

(2) If placed on Limited Duty/Light Duty, Anticipated Number of Days until Full Duty status will be achieved. (Do not count the day of the incident. Marines, include weekend days, Civilians do not.): _____

V. Please fill out the requested information and return to the BN Safety via e-mail, ASAP, or print the document, fill-out and deliver to the BN Safety Bldg. # 29, Room 310 or 311. For any questions, contact Safety Department at DSN: 224-1767/7264, Commercial (703) 693-2501. Timely submission of the above information is imperative.